

ROCHESTER

--- Minnesota ----

2122 Campus Drive SE Suite 300 Rochester, MN 55904
Phone: 507-328-2600 Fax: 507-328-2601
Office Hours: Monday – Friday 8 am – 5 pm
www.rochestermn.gov/BuildingSafety
www.rochestermn.gov/CitizenAccess
https://aca.rochestermn.gov/citizenaccess/amca
bldgsftymail@rochestermn.gov

REQUEST FOR A CHANGE OF MANAGEMENT COMPANY

This worksheet is designed to help you request a change of management of your rental property. It outlines the information that is required to update your Housing Rental file so that all correspondence is sent to the proper addresses and properly reflects the ownership and management of your rental property. You may use this form or provide your own letter incorporating the same information. The following information should be included:

wner Name(s)				
	LAST	FIRST		MIDDLE
	LAST	FIRST		MIDDLE
Owner Address				
	STREET	CITY	STATE	ZIP CODE
Pate of Birth				
uilding Manager		Phone No		
wner of the rental property				
Address				
City/State/Zip	- 			
Manager of rental property				
Address				
·				
It is recommended the	at this information be sup	plied within 30 days of	receiving this	request letter.

You may mail, fax or deliver your request.